

Form CPF D105: Summary Report of Campaign Receipts and Expenditures Office of Campaign and Political Finance

Commonwealth

13746

			CPF ID#		
File with: Director Office of Campaign and Political Finance One Ashburton Place Boston MA 02108 (617) 727-8352			_	or Office Use	
Reporting period from:	7/16/01	through	7/31/01		
Reporting period from:	Date Month Year		Date Mon	nth Year	
Name of Candidate/Committee:	Committee to Elec	t Jim Braude			
Office Sought:	<u></u>				
Name of Bank:	Citizens Bank of M	Massachusetts	•		
Beginning Balance for Reporting	ng Period	\$ 2318.76			_ (1)
Total Receipts in the Reporting	g Period	\$ 1825.00	7		_ (2)
Total Expenditures in the Repo	orting Period	\$ _52.00			_ (3)
Ending Balance for the Report	ing Period	\$ <u>4,091.76</u>			_ (4)
	I hereby declare that the info knowledge and belief:	rmation contained herein is	true and correct t	to the best of m	у
4/14	Signature of Cashier or Bank	c Treasurer			
-	Tad Klas Name of Cashier or Bank Tr				
-	33 (401) 282-4258 YOLLI Telephone number	9 & изіачмаз — Ридиі			
2003년 - 1일 - 1	₽1 :11 \	L I 90V 100Z			<i>).</i>

Form CPF D106: Receipts and Expenditures Report Report of Expenditures For Bank Use only

Office of Campaign and Political	Finance, One Ashburton Place, Boston, MA 02	2108 (617) 727-83	52	
Candidate Name:	Jim Braude			
Committee Name:	Committee to Elect Jim Braude			
Name of Bank:	Citizens Bank of Massachusetts			
Reporting Period from	1:	7/16/01	through	7/31/01 Page #1

INSTRUCTIONS TO BANK

Banks should list any debits to this account, including checks, wire transfers, bank charges and fees. Information should be taken from the front of the check, exactly as it was written by the committee. If any information is omitted from the check, the bank should place an asterik (*) in the appropriate column on this form. Further instructions are available from OCPF.

PURPOSES OF PAYMENT

1. TV, Radio

2. Newspaper

3. Meetings

4. Printing

5. Office

6. Travel -

7. Signs or displays

8. Transfer of Fund 9. Other

Date Check Paid	Payee (Alphabetical listing Mandatory)	Address	Code	Specific Purpose	Amount
	Citizens Bank		9	Monthly Maintenance Fee (1)	11.00
7/31/01	Citizens Bank		9	Monthly Maintenance Fee (1)	11.00
7/17/01	UNABLE TO READ				30.00
				·	
	·	TINANIT			52
2		CAMPAIGN & POLITICAL THANCE		Total expenditures this page Total this report period	52.0 52.0

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Form CPF D106: Receipts and Expenditures Report Office of Campaign and Political Finance

CITIZENS BANK OF MASSACHU SEITS AUG 08 2001

Report of Receipts

ffic	of Campa	ign and Poli	tical Finance, One Ashburton Place, Boston, MA	02108 (617)	72 7-8352		
	didate N		Please print or type all information	AUDU	D		
Committee Name:			CMT NE	CMITTO ELECT Dry BRAUDE			
Name of Bank:			2 2. 2/	7-31-01 through 7-31-01 Page # 11			
lep	orting Pe	eriod fron					
nan	\$50 in a	calendar	ne name and residential address to be prove year. In addition, the occupation and emp e in a calendar year.	viaea jor aii ployer is also	required for persons who		
	Cash/ Bank #	Deposit Date	Name and Address (Alphabetical listing mandatory)	Amount \$	Occupation and Employer (Contributions \$200 or more)		
1			MARY BURNS 22 CENTRE CAMB 02139	100			
2		1	14 Reservoir/Way con 1778	500-	GRAVETTAR, WE		
3			55-305/12002141	25			
4			ROBERT EVERE	50 —			
5			20 NINER (CAR 02/40 MARIA TOBIN-LIENS 3+ 390109/ CAR 02/39	100-	ALCON STUTELES PUND		
6			44 COOLDEC HILL CAMBOZISE LUM. SHOTKIN	100-			
7		1	48 FATETTE/CANSOZI39	24-			
8	8		,				
9							
10							
<u> </u>			Contributions in excess of \$50 (or listed above)	1300-			
			Contributions \$50 and under (not listed above)	70700	Total Deposit (sum of all pages)		

Candidate or Committee: Fill out this side only in triplicate and take to the bank with your deposit. One copy should be retained by the committee: the bank with your deposit. One copy should be retained by the committee: the bank with your deposit. One copy should be retained by the committee: the bank with your deposit. One copy should be retained by the committee: the bank with your deposit. One copy should be retained by the committee: the bank with your deposit. One copy should be retained by the committee: the bank with your deposit. One copy should be retained by the committee: the bank with your deposit. One copy should be retained by the committee: the bank with your deposit. One copy should be retained by the committee: the bank with your deposit. One copy should be retained by the committee: the bank with your deposit.

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Commonwealth of Massachusetts

Candidate Name:

Committee Name:

Reporting Period from:

Name of Bank:

Form CPF D106: Receipts and Expenditures Report MASSAC BANK OF Office of Campaign and Political Finance

Report of Receipts

Please print or type all information on this form

BRAUSE

BANK

through

OF

7-30-01

MASSAC BANK OF MASSAC BITS

AUG 08 2001

BR743 #09

Page #

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Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

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ITIZENS

M.G.L. c. 55 requires the name and residential address to be provided for all contributors who donate more

	Cash/ Bank #	Deposit Date	Name and Address (Alphabetical listing mandatory)	Amount \$	Occupation and Employer (Contributions \$200 or more)
1		7-30-01	JUSON FLETJCHMAND JIMSHY/CAMOZIZG JHANTT FEY FBENKEROY/CAMOZIZE	25-	
2		1	SHANT FEY FBENKOLOY (Com 02138	500	PRINCIPAL EXACT PARTY
3					
1				•	
5					
6					
7					
8					
9					
10)				
_			Contributions in excess of \$50 (or listed above)	515	
			Contributions \$50 and under (not listed above)		Total Deposit (sum of all pages)
			Total this page	525 -	\$ 525

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the bank and then retained by the committee: the hank keeps two copies, one of which will be sent to OCPF.